NHS England/Improvement, BDA, BOS and ADG clarification for orthodontics

Further to the developments during this difficult time, we have taken an opportunity to clarify a number of key matters with NHS England and NHS Improvement. We appreciate that it has been a difficult time for providers, performers, and patients.

**Service delivery covering March to June 2020**

There is no expectation of service delivery for the months of the height of the pandemic, when all practices were closed from 25th March 2020, until reopening on the 8th June. There is no expectation to retrospectively provide this undelivered activity, to be a risk of financial clawback, or contract sanctions.

**NHS BSA clinical monitoring activities**

There will also be a pause on all NHS BSA orthodontic clinical monitoring activities, routine and targeted, subject to review in Autumn 2020. We hope that this will alleviate a number of concerns that practices have regarding meeting contractual requirements. Access and patient care is a priority for all stakeholders.

**New PDS agreements commencing on 1st April onwards**

For new Orthodontic PDS agreements, commencing from 1st April 2020 onwards. Key performance indicators will not be monitored and associated contractual sanctions paused, until further notice.

**Abatement**

The abatement of 16.75% has now been agreed and will be applied from 1st April until 7th June (for mandatory service providers – Urgent Dental Care Centres will be exempt). Further details on how this will be actioned will follow shortly. We hope that the full monthly contract values received over the pandemic period will have helped to provide financial stability for practices.

From 8th June onwards, there will be no abatement applied to GDS/PDS contracts as there is an expectation that all practices will have taken the opportunity to open and provide patient care, recovering and restoring services. This may be reviewed locally if the local authority and Public Health England advice advises a local lockdown.

**a) Abatement on close down agreements**

No abatement will be applied to close down agreements as part of this arrangement. Further discussions are taking place nationally regarding the possible extension of these agreements, we are looking at ways in which this can be managed.
b) **Abatement on close down element of scale up/scale down contracts**

Using the same principle, no abatement will be applied to the close down element of such agreements as this element is a fixed fee to complete the cases irrespective of how long they take. There is a logistical issue surrounding separating out these two separate components of such practice’s monthly payments but is under consideration.

**Patient Services**

Since 8th June 2020 when services opened, it was anticipated that patient care should have resumed (albeit not necessarily AGP due to PPE availability and FIT testing).

Since 20th July, there is an assumption that all patient care will be able to be delivered dependent on:

- a) Capacity within the practice to maintain social distancing and including the reduction of chair usage in multi-chair clinics;
- b) Availability in the diary to account for extended appointment times to ensure appropriate cleaning and PPE usage as well as staggered appointments to minimise patient interactions within the building.

**Caveats to the financial arrangements**

Any practices not deemed to be providing appropriate patient care will be deemed to be non-compliant and may risk the funding that they are currently receiving. Compliance requires servicing of your NHS contract in order to maintain at least 20% patient activity. (Note – this is **not** the same as UOA delivery).

In orthodontics, we would anticipate this to be face to face maintenance of all patients in active appliances with treatment plans being progressed as originally planned ie routine fixed adjust appointments and active appliance (fixed or removable) reviews. Where possible and allowing for capacity and availability, other routine services can be resumed such as new patient assessments, treatment plans and debonds.

Resumption of routine care may be subject to local geographic lockdown measures, and this will also be considered. In addition, virtual appointments could be considered where possible in order to reduce face to face contact e.g. new patient waiting cleansing and triage and retainer checks as clinically appropriate.

As a profession, are in the fortunate position to have been receiving and continue to receive our monthly payments from NHSE/I and we would respectfully request that members continue to provide the services that they are being paid for and honour this payment in the spirit in which it is given. To this extent, there are **no** restrictions on the provision of orthodontic care and hence any practices exhibiting a growth in private practice to the detriment of their NHS commitment will be deemed to be non-compliant with the NHSE/I payment arrangements.

**Compass**

During lockdown and since opening on 8th June, practices should have been recording patient contacts via Compass in order to record levels of activity and patient advice given. NHS BSA advice on the completion of an e triage form can be found here:
There are no changes to the way that orthodontic care is measured via the NHS BSA. We would ask though, that you keep accurate records in the form of your daybook/diary so that if required retrospectively, there is proof of delivery of patient care. You should also to continue to submit FP17O’s in the usual manner.

**Year End Reconciliation of contracts for 2019/20**

NHS BSA have published advice on the annual reconciliation of your 2019/20 agreement and can be found here:

https://www.nhsbsa.nhs.uk/sites/default/files/2020-07/July%202020%20Ortho%20Year%20End%20factsheet%20Final.pdf

**Associate payments**

There are numerous interpretations around the legal and contractual requirements to pay associates over this period, which are being worked through by DHSC and NHSE/I. We appreciate that each person’s individual circumstances are different, but again we would ask you to honour these arrangements in the spirit in which these payments were made to Providers. We would be very disappointed to learn that members of the profession used the pandemic to profiteer from these payments despite the difficult financial circumstances.

**Service Delivery over 2020/21**

As mentioned, there are no KPIs currently being measured against this year’s activity. It is anticipated that there will be an expectation of service delivery from the Autumn 2020 but how this will be measured, and the associated contract metrics is yet to be agreed.

We would like to thank everyone in the profession for working together to deliver the best possible outcomes for patients. In these unprecedented times, we have all met challenges and have had to overcome them. We are pleased to be in a position to have a very collaborative relationship between our three organisations and hope that this will deliver benefits to everyone involved in the delivery of specialist orthodontic services.

August 2020